

August 30, 2005

ICE MILLER
LEGAL & BUSINESS ADVISORS

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this paper or fee is being deposited with the United States Postal Service as First Class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

August 30, 2005

Date of Deposit

M. Kim Richardson

Printed or Typed Name of the Person Signing the Certificate

M. Kim Richardson

Signature

August 30 2005

Date of Signature

Re: First Named Inventor: BORGENS, Richard B.
Invention: METHOD OF TREATMENT FOR CENTRAL
NERVOUS SYSTEM INJURY
Serial No.: 10/748,572
Filed: December 30, 2003
Our File No.: P01254-US-01 (19232.0011)

REQUEST FOR CORRECTION OF INVENTORSHIP

Dear Sir/Madam:

Applicants request correction of inventorship to add Scott A. Shapiro as an inventor. The correct inventorship should be Richard B. Borgens and Scott A. Shapiro. Pursuant to 37 C.F.R. § 1.48 (1), this request is accompanied by:

- (a) A statement from Scott A. Shapiro indicating that the error in inventorship occurred without deceptive intent on his part,
- (b) A declaration signed by Richard B. Borgens and Scott A. Shapiro (in two parts),

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Commissioner for Patents
August 30, 2005
Page 2

- (c) A check in the amount of \$130,
- (d) Written consent of the assignee, Purdue Research Foundation, and
- (e) Return postcard.

In the event Applicants have inadvertently overlooked the need for payment of any additional fees, Applicants conditionally petition therefor, and authorize any deficiency to be charged to deposit account 09-0007. In the event the deposit account needs to be charged, it is requested that the number P01254-US-01 (19232.0011) be referenced.

If you have any questions regarding this correspondence, please feel free to contact the undersigned.

Respectfully submitted,

ICE MILLER



Thomas A. Walsh, Reg. No. 45,196
ICE MILLER
One American Square, Box 82001
Indianapolis, Indiana 46282-0200
(317) 236-2100 – Telephone
(317) 236-2219 – Facsimile

TAW:mkr
Enclosures



PTO/SB/01 (03-01)(Amended by Customer pursuant to MPEP § 601.02)
Non-Amended Version Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	P001254-US-01
		First Named Inventor	Borgens
COMPLETE IF KNOWN			
<input type="checkbox"/> Declaration Submitted with Initial Filing	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Application Number	10/748,572
		Filing Date	December 30, 2003
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method of Treatment for Central Nervous System Injury

the specification of which

(Title of the Invention)

is attached hereto

OR
 was filed on (12/30/2003)

as United States Application Number or PCT International

Application Number 10/748,572 and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby appoint the practitioners at Customer Number 22446, who are the attorney(s) or agent(s) of the assignee of my invention to prosecute the above-identified application, and to transact all business in the United States Patent and Trademark Office connected therewith.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



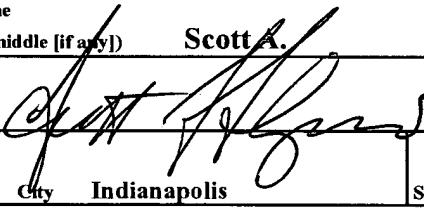
PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION AND POWER OF ATTORNEY Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	22446	OR <input type="checkbox"/> Correspondence address below
<p>Name Jill T. Powlick</p> <p>Address ICE MILLER, One American Square, Box 82001</p> <p>City Indianapolis State IN ZIP 46282-0200</p> <p>Country USA Telephone (317) 236-5972 Fax (317) 236-2219</p>				
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or patent issued thereon.</p>				
<p>NAME OF SOLE OR FIRST INVENTOR: <input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor</p>				
<p>Given Name (first and middle [if any]) Richard B.</p>		<p>Family Name or Surname Borgens</p>		
<p>Inventor's Signature</p>		<p>Date</p>		
<p>Residence: City Delphi</p>		State IN	Country US	Citizenship US
<p>Mailing Address 1953 S. 900 W.</p>				
<p>City Delphi</p>		State IN	ZIP 46923	Country US
<p>NAME OF SECOND INVENTOR: <input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor</p>				
<p>Given Name (first and middle [if any]) Scott A.</p>		<p>Family Name or Surname Shapiro</p>		
<p>Inventor's Signature </p>		<p>Date 6/28/05</p>		
<p>Residence: City Indianapolis</p>		State IN	Country US	Citizenship US
<p>Mailing Address 8826 Kirkham Road</p>				
<p>City Indianapolis</p>		State IN	ZIP 46260	Country US
<p><input checked="" type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.</p>				

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION AND POWER OF ATTORNEY Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label **22446** OR Correspondence address below

Name **Jill T. Powlick**Address **ICE MILLER, One American Square, Box 82001**City **Indianapolis**State **IN**ZIP **46282-0200**Country **USA**Telephone **(317) 236-5972**Fax **(317) 236-2219**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Richard B.

Family Name

or Surname

BorgensInventor's
Signature

Date

6/29/05Residence: City **Delphi**State **IN**Country **US**Citizenship **US**Mailing Address **1953 S. 900 W.**City **Delphi**State **IN**ZIP **46923**Country **US**

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Scott A.

Family Name

or Surname

ShapiroInventor's
Signature

Date

Residence: City **Indianapolis**State **IN**Country **US**Citizenship **US**Mailing Address **8826 Kirkham Road**City **Indianapolis**State **IN**ZIP **46260**Country **US**

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

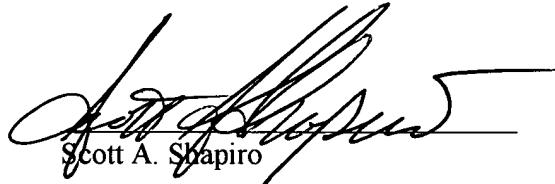


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

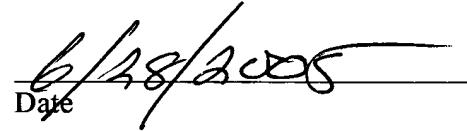
Re: Invention: **METHOD OF TREATMENT FOR CENTRAL NERVOUS SYSTEM INJURY**
Inventors: BORGENS, Richard B. and SHAPIRO, Scott A.
Filed: December 30, 2003
Serial No.: 10/748,752
Our File No.: P01254-US-1

STATEMENT UNDER 37 C.F.R. § 1.48(a)(2)

I, the undersigned, hereby declare that the omission of my name as an inventor on the above-referenced patent application as originally filed occurred without deceptive intent on my part. I am signing, along with this document, a declaration for the above-referenced patent application. It is my understanding that each of the inventors listed above are the correct inventors for the above-referenced patent application.



Scott A. Shapiro



6/28/2005
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: Application of: BORGENS, Richard B., et al.
Serial No.: 10/748,572
Filed: December 30, 2003
For: METHOD OF TREATMENT FOR CENTRAL
NERVOUS SYSTEM INJURY
Our File No.: P01254-US-01 (19232.0011)

**ASSENT OF ASSIGNEE TO CORRECTION
AND/OR ADDITION TO ORIGINALLY NAMED INVENTORS**

1. An Assignment of Invention for the above-referenced patent application for Richard B. Borgens, the named inventor, was recorded on June 21, 2004, Reel 014758, Frame 0770.
2. The Assignee, Purdue Research Foundation (an Indiana corporation), 3000 Kent Avenue, West Lafayette, Indiana 47906, assents to the correction of inventorship filed herewith.
3. Assignee Certification

In accordance with 37 C.F.R. § 3.73, the Assignee hereby certifies that the evidentiary documents with respect to its ownership have been reviewed and that, to the best of Assignee's knowledge and belief, title is in the Assignee seeking to take this action.

As a person signing below, I hereby declare that I am authorized to sign on behalf of the Assignee; that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Purdue Research Foundation

By: Bruce L. Pershing

Date: August 24, 2005

Name: Bruce L. Pershing

Title: Investment Officer and Corporate Secretary